



**LIFE SAFETY CODE  
PLAN OF CORRECTION REVIEW**  
ND Department of Health  
Division of Health Facilities  
01-03

<b>Facility:</b>	<b>Date of Review:</b>
Instructions: Your plan of correction (PoC) for the recent Life Safety Code survey has been reviewed for compliance with the criteria established for an acceptable PoC. Please review this information for those areas that have been marked "No" or "Not Met". It will be necessary for you to provide an acceptable response to these and return the amended PoC to our office.	
<b>Plan of Correction signed and dated.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Plan of Correction.</b>  1. What corrective action(s) will be accomplished for those fire safety requirements found to have been deficient.  Example: The self-closing device on the laundry room door will be adjusted so that the door closes to the latched position.	
2. How you will identify related fire safety features having the potential to be affected by the same deficient practice and what corrective action will be taken.  Example: All other doors in the facility that are equipped with self-closing devices will be checked and adjusted to ensure that the self-closing device pulls the door closed to the latched position.	
3. What measures will be put into place or what systemic changes you will make to ensure that the deficiency does not recur.  Example: The quarterly maintenance schedule will be revised to include checking that self-closing devices pull the doors closed to the latched position.	
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place including time frames and person(s) responsible.  Example: The quarterly maintenance schedule will be performed by maintenance personnel, monitored by the director of environmental services, and reported to the quality assurance committee on an annual basis.	
5. A plan of correction completion date has been provided.	

## LIFE SAFETY CODE PLAN OF CORRECTION REVIEW

Facility:	Date of Review:		
Tag K	MET	NOT MET	NA
1. Deficient fire safety features			
2. Related fire safety features			
3. Measures to ensure deficiency does not recur			
4. Quality assurance program			
5. Plan of correction completion date			

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